

No. 2  
4-13-40  
5-17-39  
PI X23159

14  
2

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

mc

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

1994

State File No. ....

Registration District No. 104

Primary Registration District No. 3008

Registrar's No. 29

1. PLACE OF DEATH:

(a) County Callaway  
(b) City or town Fulton  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Callaway Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 18 hours  
(Specify whether  
In this community 35 years  
years, months or days)

3. (a) PRINT FULL NAME Ewell Eugene Fennell

3. (b) If veteran, name war No 3. (c) Social Security No. 497-03-6370

4. Sex MALE 5. Color or race white 6. (a) Single, widowed, married, divorced MARRIED  
6. (b) Name of husband or wife Goldie Brooks 6. (c) Age of husband or wife if alive 24 years 1895  
7. Birth date of deceased July (Month) (Day) (Year)

8. AGE: Years 45 Months 6 Days 4 If less than one day hr. min.

9. Birthplace Solictt (City, town, or county) Ill. (State or foreign country)

10. Usual occupation Farmer

11. Industry or business farming

12. Name Randolph Fennell

13. Birthplace VERMONT (City, town, or county) (State or foreign country)

14. Maiden name NINA MARIE BROWNING

15. Birthplace Ill. (City, town, or county) (State or foreign country)

16. (a) Informant Montie Fennell

(b) Address Fulton, Mo.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof JAN 29 1941 (Month) (Day) (Year)

(c) Place: burial or cremation HOLLCREST

18. (a) Signature of funeral director Leo S. Wallace

(b) Address Fulton, Mo.

19. (a) Jan. 29, 1941 (Date received local registrar) (b) R. N. Crew (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County Callaway  
(c) City or town RURAL (If outside city or town limits, write "RURAL")  
(d) Street No. 3 1/2 mi South of Fulton (If rural, give location)  
(e) If foreign born, how long in U. S. A. 1 years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 28 year 1941 hour 7 minute 20 A. M.

21. I hereby certify that I attended the deceased from Jan. 18 1941 to Jan. 28 1941 that I last saw him alive on Jan. 27 1941 and that death occurred on the date and hour stated above.

Immediate cause of death Lobar Pneumonia (24 hours) Duration 10 days

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? While at work? (Specify type of place) (e) Means of injury

23. Signature H. J. Owen (M. D. or other)

Address Fulton, Mo. Date signed 1/29/41

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_, working under my personal supervision.

Signed

*James O. McCall*

Licensed Embalmer No. *4152*

P. O. Address *Fulton, Mo.*

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**